



## Researching 'Care' in and around the Workplace

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### Abstract

In this research note we critically consider the concept of 'care' both inside and around the workplace. Care, we assert, is ever-present in the workplace and evident in friendships and wider social relations. Moreover, many organisational policies and practices provide a framework within which caring may take place or be denied. 'Organisation carescapes' is introduced as a conceptual framework, which we argue can aid the identification and analysis of 'care' in employing organisations. Drawing on exploratory interviews, we discuss the implications these had on future stages of the research project in terms of our use of language and ways of conceptualising care at work. We explain how we operationalised the concept of care at work through the development of a questionnaire, which sought to map the care policies and services offered by a range of employing organisations. Furthermore, we discuss the appropriateness of the critical incident interview technique in uncovering the cultures and practices of care both in and around the workplace. Hence, through our conceptual and empirical research, we seek to bridge the sociologies of work and care.

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**Keywords:** *Care, Carescapes, Employing Organisations, Organisation Carescapes, Research Methods, Work*

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### Introduction

**1.1** The topic of care has recently generated much research and debate in the sociology of work, particularly on issues, such as, work-life balance (Warren, 2004; Hyman et al., 2005; Leon, 2005), family-friendly policies (Crompton, 2006), and employee health and well-being (Sevenhuijsen, 1998). The reconciliation of caring for others with working hours and tasks has produced new employment legislation, a range of human resource management policies and practices, and changed the expectations of employees and employers. However, these terms are rather narrow in focus and are often gendered and age-related, with an implicit emphasis on childcare and flexible working arrangements for young mothers (Wall, 2008). With an ageing population, economic recession and the need for diverse working arrangements, the way in which care is present, promoted, manipulated or denied in the workplace is of paramount importance. The purpose of this contribution is to offer insights into the design of a recently completed research project funded by the Economic and Social Research Council (ESRC) (RES-000-23-0905), which identifies and explores the multi-faceted ways in which employees and employers conceive of, and work with, notions of care.

**1.2** Care and caring involves complex emotional and material concerns and tasks, which have been conceptualised in two ways, as 'caring about': the feeling part of caring, and 'caring for': the practical work of tending for others (Parker, 1981; Cancian and Olicker, 2000). Care, we assert, is omnipresent in the workplace, and most policies and practices provide a framework within which some form of caring may take place or be denied; for example, training and personal development, provision for religious observance, pre-retirement courses, gym/ exercise facilities, counselling services, grievance and bullying procedures. We note that 'care' may be evident in contradictory ways; in the case of bullying, to care for one employee can involve controlling the actions and behaviours of another. Further, given that care is about concern and emotions, caring about fellow employees is evident in wider social relations and friendships, together with frictions and tensions over work issues. Against the backdrop of 'care', employees and employers are also managing, supporting and sometimes resisting the everyday and longer-term impacts of the inter-dependencies of caring and working.

**1.3** We introduce the concept of caringscapes, and its evolution to organisation carescapes is charted, and

we argue that this can aid the identification and analysis of care in and around the workplace. Work-life balance and family-friendly policies typically refer to attempts to 'balance' work with caring responsibilities outside of the workplace; and empirical research evidence emphasises that such reconciliations are riddled with complexities, tensions and contradictions (Warren, 2004; Hyman et al., 2005; Leon, 2005; Crompton, 2006). Moreover, occupational health and well-being initiatives relate to care inside the workplace (Sevenhuijsen, 1998). However, we assert that organisation carescapes is more encompassing than work-life balance and well-being, as we focus on care at work and how organisational policies and practices influence cultures of care. Hence, through our empirical work, we seek to bridge the gulf, both theoretically and conceptually, between the sociologies of work and care. We argue that workplace social relations are imbued with care; however, this is not typically termed or recognised as such. We draw on exploratory interviews that were conducted at the outset of the project, which helped us develop strategies relating to research access and design. In subsequent stages of the project we mapped the 'care' policies and practices offered by a range of employing organisations, and conducted qualitative interviews with employees across all levels in a specifically selected number of private, public and third sector organisations.

### **Developing a Conceptual Framework: 'Organisation Carescapes'**

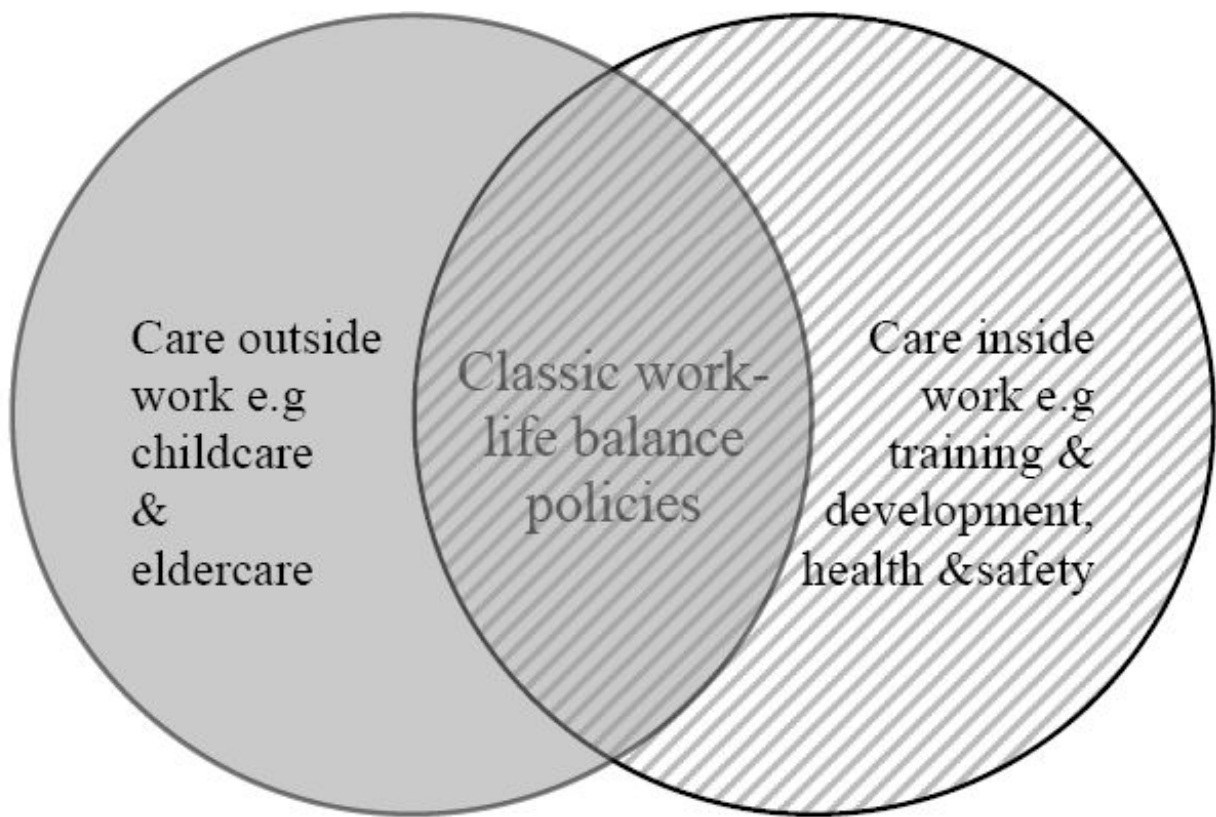
**2.1** Our interest in care draws on earlier work in which one of the authors collaborated in the development of the conceptual framework of 'caringscapes' (McKie et al, 2002). The theoretical basis of caringscapes posits that individuals plot routes through a changing, multi-dimensional terrain that comprises their anticipation of caring responsibilities and obligations, which are typically gendered in content and experience. People and organisations are not a blank canvas and they bring to bear their experiences, related histories, contemporary concerns and the availability of resources and services. We suggested that time-space-memory practices that require empirical and conceptual analysis might incorporate the following dimensions:

planning, worrying, anticipating, speculation, prioritising, assessing the quality of care, accessing care, controlling care, paying for care, shifting patterns of work, job (in)security, the potential for promotion, moving home, managing family resources, supporting school work, being involved in the school or care group, and so on. (McKie et al, 2002)

**2.2** The concept of caringscapes is based upon our engagement with theoretical work on time, space and memory (Adam, 2004; Massey, 2005), and through research projects with women in low-paid jobs in food retail (Backett-Milburn et al., 2008) and relevant policy and practice developments in small to medium sized enterprises (SMEs) (Malik et al., 2009).

**2.3** Carescapes moved on to 'organisation carescapes', as we recognised that organisational policies and practices provide a framework to incorporate 'care' and influence how 'caring' is done both inside and outside the workplace (McKie et al, 2006). This formulation, as 'organisation' (not organisational) together with 'carescapes', suggests how organisation and care can occur simultaneously, mirroring earlier conceptualisations of 'organisation sexuality' (Hearn and Parkin, 1987) and 'organisation violations' (Hearn and Parkin, 2001). In figure 1 (below), we identify the spatial dimensions of care within the workplace, and how this interconnects with wider caring relations and responsibilities.

**Figure 1.** Care in Employing Organisations



## ☐ The focus of organisation carescapes

**2.4** The metaphor of the landscape provides a basis to our conceptual framework of organisation carescapes, and this operates at many levels. Employing organisations are attempting to map out routes through policies and practices to accommodate 'care' for their employees, for example, in health and well-being initiatives or adherence to disability rights legislation. Employers have to respond to new legislation and wider social trends, yet care may not be a primary concern given organisational goals of productivity and efficiency gains. Employees too are seeking to map out 'routes' related to care and caring across home and work, within work and between colleagues, as these demands change over time and space. Trade unions and professional associations are also concerned with policies and practices around care. These organisations seek to represent the interests of members and thus 'care' for them, whilst addressing the many practical, ethical and political issues associated with care (McKie et al, 2008). The 'duty of care', as enshrined in the Health and Safety at Work Act 1974, is one of the few instances where the term 'care' is mentioned in the context of the workplace. However, this refers to a statutory legal obligation on the part of both employers and employees regarding safety at work, and failure to do so can result in the imposition of financial penalties. Our research examines the concept of 'care' in and around the workplace, in terms of organisational policies and practices, and wider social relations. This reinforces the ability of the conceptual framework to draw on experiences and ideas across all levels.

### The Research Project: Organisation Carescapes

**3.1** The aims of the project were to identify and investigate policies, practices and discourses around the concept of 'care' in the workplace. Exploratory interviews were conducted at the outset to inform the development of a questionnaire. Interviews were undertaken with 2 senior managers from private sector financial services organisations, and 2 human resource managers from public sector higher education institutions. The research team also held discussions in person and over the telephone with HR staff, managers and directors in 6 companies. In sum, data and ideas were collated from 10 respondents located in 5 private, 3 public and 2 third sector organisations. Of these, 6 were working in SMEs (less than 250 workers) to reflect employment patterns in the UK and EU.

**3.2** The purpose of these interviews was to explore the policies and practices that were considered relevant to notions of care, and as an introductory premise we asked what the notion of work-life balance suggested. We then asked managers what they understood by the term 'care' in the workplace. A broad ranging discussion was encouraged and we asked about the impact of recent EU and UK employment legislation, and how new policies are chosen, developed, implemented and communicated to staff. Finally, we also sought to understand the impact of such policies and practices on both organisational performance and the lives of employees; bearing in mind that managers are employees too.

**3.3** Whilst these exploratory interviews were beneficial in helping us understand current policy developments and sharpen our conceptual thinking, we must stress that in stage two of the project the bulk of the in-depth interviews were conducted with a range of staff to understand their past, everyday and future anticipations of care at work; thus, offering a sociology from below. In the following sections, we consider the main issues to emerge from the exploratory interviews, together with the implications for subsequent stages of the research project.

## Where is Care?

**4.1** The exploratory interview data provided evidence that when considering work-related issues, the word 'care' is not part of the everyday vocabulary or common discourses within employing organisations. Sociological literature on the language of care contends that the term is culturally loaded and conveys particular assumptions, meanings and relationships (Ungerson, 1990). In these initial interviews, managers found the term 'care' to be a stumbling block, but when the concept was explored further, the notion of 'care' at work was appreciated with one manager talking about the need to "put care on the radar". Rather than using the word 'care', respondents typically used terms, such as, employee health and well-being, work-life balance, and corporate social responsibility to cover key aspects of their statutory and voluntary caring duties; however, as we have already stated, such terms are narrow in focus. Indeed, literature on researching social care typically favours qualitative techniques to uncover rich cultures and experiences of care (Fink, 2004). Furthermore, the timely use of prompts and probes in interviews often reveals nuanced experiences, attitudes and perceptions of care (Innes and Scott, 2003). Such research tools were utilised in these initial interviews to examine the dynamics and interconnections of care both in and around the workplace.

**4.2** Care was viewed as something that happens at a given point in time on one issue, for example, illness, child or eldercare. One interviewee referred to employee 'care' policies as being "hidden", but found in the under-growth of statutory requirements to regulate time to care, for example, maternity policies. Hence, it seemed 'care' has an opaque presence, as it is implicit in much of the talk about employee-related policies, but the conceptualisation and use of the actual word was limited.

## Accommodating 'Care' to Enable Work

**5.1** Employers and employees are constantly plotting and re-plotting routes across a multidimensional terrain in order to attempt to meet new legislative requirements and efficiency goals, together with the caring needs of individuals. All of the organisations that took part in the exploratory interviews had maternity, paternity and parental leave policies in place prior to the introduction of new employment legislation. There were also a variety of flexible working arrangements available, including: flexi-time, part-time working, job share, homeworking and the opportunity to work during school term-time only. Some organisations also had childcare facilities or voucher schemes, and time-off to care for dependents, but this was always subject to management discretion

**5.2** In line with findings from earlier projects (see Backett-Milburn et al, 2008; Malik et al, 2009), those we spoke to automatically made the assumption that caring is gendered. All stated that the uptake of flexible working arrangements would be predominantly by female employees, especially young mothers. Whilst women generally carry out most of the familial caring obligations, men and childless couples may also have caring duties and responsibilities. Indeed, there was a realisation from one manager that organisational policies and practices needed to be more flexible to meet changing circumstances, for example, of males who are caring for older relatives or parents coping with older children during school holidays. Hence, policies need to develop in response to the changing clusters of caring responsibilities that employees have, which are both temporal and spatial as they move through the lifecourse.

**5.3** In these exploratory interviews, there was little discussion of broader notions of care present in workplace friendships involving collegial support and emotional attachments, which can operate within and outside the workplace (see Pettinger, 2005). Indeed, empirical research by Backett-Milburn et al. (2008) reveals that the workplace can offer social networks and friendships imbued with many forms of caring about and caring for others. Furthermore, in the initial interviews, there was acknowledgement that care inside the workplace in terms of occupational health and well-being initiatives can assist managers and workers in coping with workplace pressures and tensions.

## Organisational Goals

**6.1** The current UK Labour government are keen to emphasise the ways in which family-friendly and work-life balance policies can benefit businesses and improve staff morale, retention and absentee levels (HM Treasury and DTI, 2003). However, the general premise is to limit legislation and encourage voluntary arrangements (Crompton, 2006: ch. 4). Recent literature puts forward the business case for flexible and family-friendly working arrangements, stating that such policies and practices improve overall organisational competitiveness and employee commitment (Bevan et al., 1999; Dex and Schiebl, 2001). Indeed, all the respondents echoed these sentiments, stating that employee 'care' policies would improve staff commitment and overall organisational stability. One manager candidly talked about the trade-off between 'care' policies and improving productivity and efficiency, and managers interviewed across all three sectors emphasised that 'business needs' were paramount. By that they meant that the smooth and solvent running of the organisation was 'the bottom line'.

**6.2** At many points, the 'care' agendas of employers and employees can overlap and mutual interests ensure action in terms of policies and practices, for example, over flexible working. There can also be tensions as managers need to arrange cover and workers are also obliged to ensure that tasks are completed, which can – in certain instances – place a strain on team members. In the UK employees can only request flexible working hours, this can be refused by an employer on the grounds of 'business needs'. If flexible working arrangements are granted, the employer is not legally obliged to allow workers to revert back to standard hours, and this may be financially damaging for employees when children are old enough to start attending school. Employees can request unpaid time-off to deal with a family emergency, but there are crucial issues over whether workers can afford this and businesses can accommodate such arrangements. Furthermore, discretion comes into play when a middle-aged male worker asks for flexible working to care for older relatives. Whilst a scenario not covered by existing UK legislation, many line managers will empathise with the employee, but at the same time be concerned about the impact on day

to day work arrangements and cost implications. Hence, there can be both common interests, experiences (employers and managers have caring needs and responsibilities too), and contested agendas and bargaining.

## Implications for the Research Project

**7.1** The exploratory interviews, together with consideration of previous work, both conceptual (see McKie et al., 2002; McKie et al., 2006) and empirical (see Backett-Milburn et al, 2008; Malik et al, 2009), prompted reflection on the conceptual framework and subsequent stages of the research project. Whilst the word care is not readily used in employing organisations, the concept is evident in talk and a range of policies and practices. In the first stage of the project our aim was to create 'maps' of organisational care policies, practices and services through a questionnaire. In stage two, we sought to undertake in-depth qualitative interviews with employees across all levels of organisational hierarchies in order to reveal the cultures and practices of care inside and around the workplace. Given the breadth of 'care' issues uncovered in the exploratory interviews, we unpacked the concept of 'care' and grouped policies and services into the following three clusters:

- *Equality and diversity issues*, encompassing: maternity leave, paternity leave, parental leave, adoption leave, gender equality, sexual orientation, race relations, disability and age discrimination, religious observance, nursery access, financial assistance and advice on care for dependents
- *Health and well-being*, involving: health and safety legislation, bullying and harassment policies, grievance procedures, sickness absence, occupational health, time-off to care for dependents, healthy lifestyle provision, and staff counselling
- *Responsibilities and rights*, including: holiday entitlement, working hours, staff appraisal, training and development, apprenticeships, life-long learning, flexible working, trade union membership, redundancy, employer pension schemes and retirement

**7.2** To promote recognition and completion of the questionnaire, we adopted more commonly used language and the title 'The Policies and Practices of Work-related Well-being' was utilised. Whilst it might seem that we abandoned the concept of care, we would argue that the many aspects of care are contained in the three clusters detailed above. The use of the title was strategic, in that this is a timely and relevant topic of concern that would encourage employing organisations to participate in the study. Other researchers have also emphasised the persuasive use of language and topics to increase involvement in social and organisational research (see Buchanan et al., 1988; Czaja and Blair, 1996; Bloch, 2004). The team piloted the questionnaire with 2 private, 1 third and 2 public sector organisations, and this allowed us to further refine the survey.

**7.3** The questionnaires were typically completed by human resource staff either over the telephone, online or through the post; again, with the aim of maximising response rates (see Gray, 2004: ch. 5). A quota sampling frame was used and 103 employing organisations took part in the study, being 70 private, 21 public and 12 third sector organisations; the breakdown across sectors reflects the current composition of the UK labour market. The sampling frame offers potential for comparative data on 'care' policies and practices across varied workplaces (see McKie et al, 2008).

**7.4** In the questionnaire we sought to operationalise the concept and create maps of care policies, practices and services offered by employing organisations. Respondents were asked to identify particular policies and services relating to the three cluster areas: equality and diversity, responsibilities and rights, and health and well-being, and indicate whether they were formalised and in what year they were introduced. We sought to ascertain the reasons why policies were updated, who was involved in policy formulation and how this was communicated to staff. The questionnaire also focused on the drivers of policies. Here we examined the extent to which factors influence policy development, such as, UK and EU legislation, economic pressures, labour market concerns, and social attitudes and trends. We investigated the usefulness of particular bodies when drafting policies, including: internal human resource specialists, government departments, legal specialists and trade unions. Hence, this detailed questionnaire enabled us to identify and chart the care-scapes of particular organisations in specific sectors, and to understand how and why this transforms and evolves over time and space.

**7.5** Based upon the analysis of the quantitative data (McKie et al, 2009), in the qualitative stage of the project we chose to focus on four policies in particular, all of which are implicitly related to 'care' –

### **Equality and Diversity -**

- Age – in light of the new age discrimination legislation. Indeed, the analysis of the questionnaire revealed that a number of private sector organisations were not up to date with current employment law, unlike the vast majority of organisations in the public and third sectors.

### **Health and Well-being -**

- Disciplinary procedures – all organisations across the sectors had such a policy, typically from the inception of the organisation. The surveillance and control of employees seemed to form a spine to particular human resource management policies and practices.

### **Responsibilities and Rights -**

- Flexible working – many organisations had recently introduced these arrangements and they are most commonly associated with attempts at reconciling working and caring issues, for mothers and women in particular.
- Training and development – relatively few organisations had formal policies in place; and recent evidence suggests that there are distinctions related to organisational size and occupations (Kersley et al., 2006)

**7.6** In stage two of the project, in order to understand the everyday experiences of 'care', we critically examined how policies operate and are utilised in practice. We conducted interviews with 51 employees

from 9 private sector organisations, 24 employees from 4 public sector organisations and 12 employees from 2 third sector organisations (total n = 87 interviews).

**7.7** We used the critical incident technique (CIT), pioneered by Flanagan (1954), which has been associated with many disciplines, including counselling psychology, but is not typically utilised in sociological research (see Butterfield et al., 2005). Given that counselling is related to care, we considered this method particularly suitable. Interviewees were asked to recount and discuss particular workplace experiences relating to the 4 topic areas. A series of prompts were introduced to ascertain their perception and assessment of events, what they would have preferred to have happened, and an overall reflection on the experience encountered. Advantages of the CIT are that it develops detailed and succinct narrative accounts, which can offer greater understandings of feelings, meanings and attitudes (Chell, 1998). We found this method to be flexible and revelatory, and we uncovered how policies and cultures of care operate in the day to day reality of organisational lives.

**7.8** We assert that organisational policies, practices and services provide a framework within which care and caring may be facilitated or be denied. CIT interviews were conducted in order to unearth detailed and nuanced accounts of the wider cultures and contours of care within employing organisations. Our aim was to understand how policies and services operate in practice, their usage and how they affect care and caring relations. We were particularly interested in experiences and practices of care both through formal policies and services, and also via informal collegial and social networks. As carescapes operate at many levels, and employers, managers and employees are planning routes across an ever-changing landscape, we wanted to explore common interests, together with areas of conflict.

## Conclusions

**8.1** In this research note we have introduced the conceptual framework of organisation carescapes, which we argue can aid the identification and analysis of the myriad ways in which care – as in caring about/ for – is present in and around the workplace. 'Care' operates at many levels, including the policies and practices of employing organisations, which provide frameworks to incorporate or deny care. We have explained how we operationalised the concept of organisation carescapes by mapping the policies and services offered by employing organisations through a questionnaire. In the CIT interviews we sought to uncover the cultures that operate both inside and around the workplace. While there are common interests, 'care' at work is also a complex and contested arena. Given the need to meet 'business needs' and the current economic downturn, it will be interesting to examine the impact that this will have on 'care' policies and practices for workers, managers and employers. Care in and around the workplace offers fruitful terrain to explore the fuzzy boundaries of the sociologies of work and care.

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